| ·                                                                                                                                                                                             |                                                |                                 |                |                          |              |                  |      | Application or Docket Number |                        |           |                     |                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------|----------------|--------------------------|--------------|------------------|------|------------------------------|------------------------|-----------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR<br>Effective October 1, 2003                                                                                                                       |                                                |                                 |                |                          |              |                  |      |                              | 107                    | 1-        | 737                 | 7.5                    |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                |                                                |                                 |                |                          |              |                  |      | SMALL E                      | NTITY                  | OR        | OTHER<br>SMALL      |                        |  |
| TOTAL CLAIMS                                                                                                                                                                                  |                                                |                                 | 1              |                          |              |                  | . [  | RATE                         | FEE                    | 7         | RATE                | FEE                    |  |
| FOR                                                                                                                                                                                           |                                                |                                 | NUMBER FILED . |                          | NUMBER EXTRA |                  |      | BASIC FE                     | 385.00                 | OR        | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                       |                                                |                                 | minus 20=      |                          | * 6          |                  |      | X\$ 9=                       | SH                     | OR        | X\$18=              |                        |  |
| <u> </u>                                                                                                                                                                                      | EPENDENT C                                     |                                 | 2 minus 3 =    |                          |              |                  |      | X43=                         |                        | OR        | X86=                |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                              |                                                |                                 |                |                          |              |                  |      | +145=                        |                        | OR        | +290=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                      |                                                |                                 |                |                          |              |                  | Ł    | TOTAL                        | 1139                   | OR        | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                   |                                                |                                 |                |                          |              |                  |      | CALALI                       |                        | -         | OTHER               |                        |  |
|                                                                                                                                                                                               |                                                | (Column 1)                      | ,              | (Colun                   |              | (Column 3)       | -    | SMALL                        | ENTITY                 | OR<br>•   | SMALL               |                        |  |
| AMENDMENT A                                                                                                                                                                                   |                                                | REMAINING<br>AFTER<br>AMENDMENT |                | NUME<br>PREVIC<br>PAID I | BER<br>OUSLY | PRESENT<br>EXTRA |      | RATE                         | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                               | Total                                          | *                               | Minus          | **                       |              | =                |      | X\$ 9=                       |                        | OR        | X\$18=              |                        |  |
|                                                                                                                                                                                               | Independent                                    | *                               | Minus          | ***                      | 0            | =                |      | X43=                         |                        | OR        | X86=                |                        |  |
|                                                                                                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |                |                          |              |                  | Ī    | +145=                        |                        | OR        | +290=               |                        |  |
|                                                                                                                                                                                               |                                                |                                 |                |                          |              |                  |      | TOTAL                        |                        |           | TOTAL<br>ADDIT. FEE |                        |  |
|                                                                                                                                                                                               |                                                | A                               | DDIT. FEE      | t <del></del>            |              | ADDII. PEEI      |      |                              |                        |           |                     |                        |  |
| AMENDMENT B                                                                                                                                                                                   |                                                | (Column 1) CLAIMS               |                | (Colun                   | EST          | (Column 3)       | ÌГ   |                              | ADDI-                  | 1         | -                   | ADDI-                  |  |
|                                                                                                                                                                                               |                                                | REMAINING<br>AFTER<br>AMENDMENT |                | NUME<br>PREVIO<br>PAID F | USLY         | PRESENT<br>EXTRA |      | RATE                         | TIONAL<br>FEE          |           | RATE                | TIONAL<br>FEE          |  |
|                                                                                                                                                                                               | Total                                          | *                               | Minus          | **                       |              | =                |      | X\$ 9=                       |                        | OR        | X\$18=              |                        |  |
|                                                                                                                                                                                               | Independent                                    | *                               | Minus          | ***                      | CI AINA      | =                | Γ    | X43=                         |                        | OR        | X86=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                |                                                |                                 |                |                          |              |                  |      | +145=                        |                        | OR        | +290=               |                        |  |
| TOTAL                                                                                                                                                                                         |                                                |                                 |                |                          |              |                  |      |                              |                        | OR        | TOTAL<br>ADDIT. FEE |                        |  |
|                                                                                                                                                                                               |                                                | ^1                              | DD11. 1 EE 1   | \$                       |              |                  |      |                              |                        |           |                     |                        |  |
| ၁                                                                                                                                                                                             | •                                              | CLAIMS<br>REMAINING             |                | HIGHE<br>NUMB            |              | PRESENT          | Г    |                              | ADDI-                  |           |                     | ADDI-                  |  |
| AMENDMENT C                                                                                                                                                                                   |                                                | AFTER<br>AMENDMENT              |                | PREVIO<br>PAID F         | USLY         | EXTRA            |      | RATE                         | TIONAL<br>FEE          |           | RATE                | TIONAL<br>FEE          |  |
|                                                                                                                                                                                               | Total                                          | *                               | Minus          | **                       |              | =                |      | X\$ 9=                       | )                      | OR        | X\$18=              |                        |  |
|                                                                                                                                                                                               | Independent                                    | *                               | Minus          | ***                      | 01.4144      |                  |      | X43=                         |                        | OR        | X86=                |                        |  |
|                                                                                                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |                |                          |              |                  |      | +145=                        |                        | ľ         | +290=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                         |                                                |                                 |                |                          |              |                  |      |                              |                        | OR        | TOTAL               |                        |  |
| ** If th "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |                                                |                                 |                |                          |              |                  |      |                              |                        | OR ,      | DDIT. FEE           |                        |  |
| 1                                                                                                                                                                                             | he "Highest Num                                | ber Previously Paid             | for" (Total or | Independe                | nt) is the   | highest number   | foun | d in the app                 | oropriate box          | c in colu | ımn 1.              |                        |  |